

INSTRUCTIONS

Follow the instructions below to request **updates** to your Colleague Administrative Database access.

1. Indicate the database access needed by providing the form name (Ex: NAE, XCO1, etc.) and whether you need inquiry or maintenance access to the form.

If you have questions about access, please contact Enterprise Applications and Servers at ext. 8610 or eas@lesley.edu.

2. Department Head or Dean must sign the request form.
3. **SCAN (basic@lesley.edu) or FAX (617.349.8717) the form to the Registrar's office for their signature.** The registrar's office will then send the form to Enterprise Applications and Servers for processing.



Colleague Administrative Database Non-Budget ACCESS UPDATE Instructions

EMPLOYEE PROFILE

Name: _____ Date: _____

Email: _____ Phone: _____

Colleague ID: _____

ADDITIONAL COLLEAGUE ACCESS

List the Colleague FORM NAME (Ex: NAE) and the type of access needed below.						
Form	Inquiry	Maintenance		Form	Inquiry	Maintenance
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

APPROVAL SIGNATURES

Signatures must be obtained from the **Department Head/Dean** AND the **Registrar's office** (Scan to basic@lesley.edu or Fax to 617.349.8717)

Department Head/Dean signature:	Date:
Department Head/Dean Name (please print):	
Registrar's Office signature:	Date: